

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020813

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 2043 Registrar's No. 160

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 1407 Paris	

3. NAME OF DECEASED (Type or print) First BRADLEY Middle SCOTT Last WILLIAMS			4. DATE OF DEATH Month April Day 21 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/19/63	9. AGE (last birthday) 1	10. IF UNDER 1 YEAR Months 1 Days 8 Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Hannibal, Missouri	
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME Lawrence R. Williams		13b. MOTHER'S MAIDEN NAME Shirley Branham	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT L.R. Williams, 1407 Paris, Hannibal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:40 a.m. a. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal, Mo.	
20g. COUNTY Mo.		20h. STATE Mo.	
21. I attended the deceased from 3:40 a. to 5:40 a. and last saw her/him alive on 5/7/63 . Death occurred at 3:40 a. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold B. London, M.D.		22b. ADDRESS 711 Grand Ave. Hannibal, Mo.	
22c. DATE SIGNED 5/7/63		22d. LOCATION (City, town, or county) Hannibal, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park, Hannibal, Missouri	
24. FUNERAL DIRECTOR Jack Schwartz - Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. May 7, 1963	
26. REGISTRAR'S SIGNATURE Dr. E. M. Lusk by R. L. Lusk		27. M. Notman	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack Schwartz

Licensed Embalmer No.

4900

P. O. Address

Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 5/7/63